

1423

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>114</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>448</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Eugene Cosby Hill</u>			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate <u>yes</u>
6. Date of birth <u>June 3-1924</u>		7. If child is not yet named, make supplemental report, as directed.	
8. FATHER		MOTHER	
Full name <u>Eugene Cosby Hill</u>		Full maiden name <u>Zona Lee Cooper</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Eastland Texas</u>		18. Birthplace (city or place) <u>Pearl Texas</u>	
(State or country)		(State or country)	
13. Occupation Nature of industry <u>Cost Acct.</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. M. Crow M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Ariz.</u>	
Month, day, year. _____		Filed <u>June 30</u> 19 <u>24</u>	
Registrar. _____		Local Registrar. <u>C. B. Davis</u>	
		County Registrar. _____	

583-603-939